

PTO/SB/17 (10/01)

Approved for use through 10/31/2002. GMB 085-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket No.	NYMX0002
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing		First Named Inventor	Matt Morano, et al.
COMPLETE IF KNOWN			
		Application Number	[Not Yet Assigned]
		Filing Date	Herewith
		Group Art Unit	[Not Yet Assigned]
		Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DISTRIBUTED TRADING BUS ARCHITECTURE

the specification of which

 is attached hereto

OR

 was filed on
(MM/DD/YYYY)

as U.S. Application No. or
PCT International Application No.

--

and was amended on
(MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Appl. No.(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application nos. are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

Application Number(s) Filing Date (MM/DD/YYYY)

DECLARATION – Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any U.S. application(s) or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent No.	Parent Filing Date (MM/DD/YY)	Parent Patent No. (if applicable)

Additional U.S. or PCT International application nos. listed on PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent Trademark Office connected therewith:

Customer Number 25235 Place bar code label here

OR

Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number 25235 OR Correspondence address below
or Bar Code Label

Name						
Address						
Address						
City						
Country	Telephone					Fax

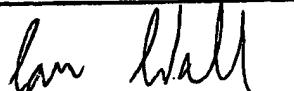
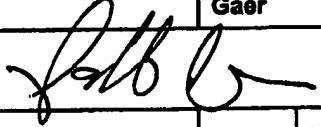
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned inventor.

Given Name (first and middle if any)		Family Name or Surname					
Matt		Morano					
Inventor's Signature	<i>Matt Morano</i>						Date 11/3/03
Residence City	Tenafly	State	NJ	Country	US	Citizenship	US
Post Office Address	23 Malcolm Court						
Post Office Address							
City	Tenafly	State	NJ	ZIP	07670	Country	US

Additional inventors are named on 1 supplemental additional inventor(s) sheet(s) PTO/SB/02A attached

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>	
--------------------	--	--	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Ian		Wall					
Inventor's Signature						Date	11/3/03
Residence: City	Astoria	State	NY	Country	US	Citizenship	UK
Post Office Address	22-53 24 th Street, 2 nd Floor						
Post Office Address							
City	Astoria	State	NY	ZIP	11105	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Samuel		Gaer					
Inventor's Signature						Date	11/3/03
Residence: City	New York	State	NY	Country	US	Citizenship	US
Post Office Address	245 East 58 th Street, #17A						
Post Office Address							
City	New York	State	NY	ZIP	10022	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Kai		Neumann					
Inventor's Signature						Date	
Residence: City	New York	State	NY	Country	US	Citizenship	US
Post Office Address	785 West End Avenue, #17A						
Post Office Address							
City	New York	State	NY	ZIP	10025	Country	US